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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 614

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix Rural (c) Location Schmid's Haven of Rest
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or institution 3 weeks; In Community 1 1/2 months; in Arizona 1 1/2 months
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State New Mexico; (b) County Hidalgo; (c) City or Town Lordsburg
(If outside city limits also write RURAL)
(d) Street No. P. O. Box Lordsburg; (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Edgar Fairfax Aker (b) If Veteran No If Yes, which country _____
Social Security No. 525-10-2388 (If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Vada Aker</u>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>April</u> <u>18</u> , <u>1880</u> (Month) (Day) (Year)		
8. AGE: Years <u>62</u>	Months <u>0</u>	Days <u>7</u> If less than one day hrs. _____ min. _____

9. Birthplace Cranberry Ironworks, Virginia
(City, town or county) (State or Country)

10. Usual Occupation Mechanic

11. Industry or Business _____

12. Name Joseph Aker
13. Birthplace North Carolina
(City, town or county) (State or Country)

14. Maiden Name Amanda Duvall
15. Birthplace North Carolina
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Vada Aker
(b) Address 1306 E. Cocopah, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Glendale, Calif. (c) Date 4-27 1942

18. (a) Embalmer's Signature Leo Nussbaum
(b) Funeral Director W. L. Murphy
(c) Address J. T. Whitney Funeral Home, Phoenix

19. (a) APR 27 1942
(b) Carl H. Hughes
(Registrar's Signature)

20M 100% Reg. 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 25, 1942, 19____;
TIME (Hour and minute) 3:30 A. M.

21. I hereby certify that I attended the deceased from 3/21/42 to 4/25/42
that I last saw him alive on 4/15/42 and that death occurred on the date and hour stated above.

Immediate cause of death
arteriosclerosis
Cerebral apoplexy
Diabetes mellitus

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION

years
9 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? _____ (a) Means of injury _____
23. Signature Carl H. Hughes Date signed 4/27/42
Address Phoenix, Ariz.